

EDITOR'S PAGE

The impact of early versus late surgical decompression on neurological recovery after traumatic spinal cord injury (SCI)



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Dear *Spinal Cord* Reader,

The ISCOS Annual Scientific Meeting in London was a very good experience. The organization was good, the scientific and social program outstanding and the feeling of friendship and esteem between those who attended very nice. Next year, the meeting is taking place in Istanbul and we all look forward to another rewarding gathering. The meeting was also the occasion to decide on changes in the running of *Spinal Cord* Journal and you will notice that the structure of the editorial body has changed with the introduction of Associate Editors who will, each in their field, help to get the best and most timely decision on submitted manuscripts. If you want to contribute actively to the editorial process please contact us with a clear proposal.

In this November issue there are very interesting contributions. Frankel's manuscript of The Sir Ludwig Guttmann Lecture 2012 describes the Contribution of Stoke Mandeville Hospital to Spinal Cord Injuries since 1944 till today.

The International spinal cord injury musculoskeletal basic data set and the International spinal column injury basic data set can be found, increasing the number of data sets published in *Spinal Cord*.

Middelton *et al.* analyzed acute and long-term mortality, estimated life expectancy and identified survival patterns of individuals experiencing traumatic SCI from data between 1955 and 2006 of a specialized SCI unit in Australia. They found survival to be related strongly to the extent of the neurological impairment.

Hummel *et al.* studied the threshold for optimal serum 25(OH)D levels in the chronic SCI population and found that it may be higher than in the non-SCI population. Serum 25(OH)D level may be an important risk factor contributing to declining bone health and increased fracture risk post-SCI.

Zafeiridis *et al.* found resting muscle perfusion reduced in the paralyzed limbs of SCI individuals compared with controls, whereas there was no evidence of impaired microcirculation in upper and lower back muscles in SCI with thoracic lesion. Although arm-cranking exercise did not induce a hyperemic response in vastus lateralis, it increased hyperemia in both upper and lower posterior trunk muscles in SCI, suggesting beneficial effects of this type of activity on muscle microvasculature in this region.

Serra-Anó *et al.* showed that implementation of resistance training programs in individuals with SCI are effective in increasing strength, muscle mass and functionality of upper limbs while decreasing fat mass and pain perception.

In comparing Continuous Positive Airway Pressure (CPAP) requirements between quadriplegic and able-bodied Obstructive Sleep Apnoea (OSA) patients, Le Guen *et al.* showed that individuals with quadriplegia required significantly less CPAP at any given Apnoea-Hypopnoea Index. This suggests that additional unknown factors may contribute to the high prevalence of OSA in quadriplegia.

Barratt *et al.* found in a within-participant, double blind, cross-over, randomised control trial bronchodilator therapy beneficial for respiratory function in people with recently-acquired motor complete tetraplegia.

Dunn *et al.* explored the decision making process of people with tetraplegia regarding upper limb reconstructive surgery.

Wilson *et al.*, in a multicenter prospective cohort study, add further weight to the growing body of literature which supports the principle of early intervention for spinal trauma and SCI.

In a study of self-selected respondents with a stoma for bowel management after SCI, Coggrave *et al.* emphasized the benefits of stoma in selected individuals and the importance of timely intervention, and underline the complexity of the associated decision making and the importance of preoperative counseling.

Denys *et al.*, in an interventional, multicenter, open-label, randomized, crossover study, found the VaPro catheter an acceptable and reliable alternative to the existing hydrophilic-coated 'no-touch' catheter. Enjoy reading.